

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

CERTIFICATE OF DEATH

07834

Reg. Diat. No. 50

1. PLACE OF DEATH: <u>Calvert</u> County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>one day</u> Hospital, institution, or street address where death occurred:..... How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Washington</u> County..... <u>D.C.</u> City or town..... (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Jessie Blanc</u>				3. (b) Social Security Number			
4. Sex <u>Female</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>married</u> 6. (b) Name of husband or wife <u>Paul Blanc</u> 7. Birth date of deceased (mo., day, yr.) <u>unknown</u> 8. (c) If alive, give age years 8. AGE: Years <u>35</u> Months <u>—</u> Days <u>—</u> If less than one day..... hrs. min. 9. Birthplace <u>U.S.A.</u> (Town, county, and state) 10. Usual occupation <u>Housewife</u> 11. Industry or business FATHER 12. Name <u>unknown</u> 13. Birthplace MOTHER 14. Maiden name <u>unknown</u> 15. Birthplace 16. Informant <u>Roland Guerin</u> Address <u>2927 Northampton St. Wash D.C.</u> 17. (Burial, cremation, or removal. Which?) <u>Cremation to</u> Date thereof <u>9/14/47</u> (month) (day) (year) Cemetery or crematory <u>Washington</u> Location <u>A.A. Harkness, son</u> 18. Funeral director <u>Mutual - Md</u> Address <u>9/14 47 Dr E.S. Coster</u> 19. (Date rec'd by registrar) <u>19</u> Registrar				MEDICAL CERTIFICATION 20. DATE OF DEATH <u>Sept. 14</u> <u>47</u> at <u>130P</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19....., to.....19..... and that I last saw h.....alive on.....19..... Immediate cause of death <u>accidental drowning</u> Due to..... Due to..... Other conditions..... (Include pregnancy within 8 months of death) Major findings of operations Date of op..... Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: <u>9/14/47</u> Accident, suicide, or homicide <u>ACCIDENT</u> Date of <u>9/14/47</u> Where did injury occur? <u>CORE POINT - CALVERT - Md</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>BATHING BEACH</u> Means of injury..... Injured at work?..... 23. SIGNATURE <u>E. S. Coster</u> Address <u>Salmons - Md</u> M. D. or other <u>9/14/47</u> Date signed <u>9/14/47</u>			

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SEP 20 1947

BUREAU OF

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

CERTIFICATE OF DEATH

Reg. Dist. No.

07835

28150

1. PLACE OF DEATH:

County Calvert
 City or town near Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? visit
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D. C. County
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4352 Woodman Place N.W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Jeanne Blane

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) Dec. 29 1942
 8. AGE: Years 4 Months 8 Days 22 If less than one day
 6.(c) If alive, give age years
 9. Birthplace France
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business

12. Name Paul Blane
 13. Birthplace France
 14. Maiden name Jessie Blane
 15. Birthplace St Paul, Minn.
 16. Informant Robert Harkness
 Address Prince Frederick, Md.
 17. Burial Date thereof. (month) (day) (year)
 (Burial, cremation, or removal. Which?)
 Cemetery or crematory
 Location St Paul, Minn.
 18. Funeral director W.C. Mattingly Sons
 Address Leonardtown, Md.
 19. 9-20-47 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1947 at
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19. to 19.
 and that I last saw h. alive on 19.

Immediate cause of death
 Drowning (accident) near Cove Point Calvert Co. Md.
 Due to
 Body found near Point
 Due to
 No Point St Marys Co. Md.
 Other conditions 9-20-47
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of Sept 14-47
 Where did injury occur? Cove Point Calvert Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Bayshore near Cove Pt
 Means of Injury Drowning Injured at work? no

23. SIGNATURE pg Beane, M.D. M. D. or other
 Address Great Mills, Md. Date signed 9-20-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

07835 162

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Silomons
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Calvert
 City or town Daniel
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Leonard Broome

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Martha Broome

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 11, 1894

8. AGE:

53

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Calvert Co., Md.
(Town, county, and state)

10. Usual occupation

Fisherman

11. Industry or business

FATHER

12. Name

Frank Broome

13. Birthplace

Calvert Co., Md.

MOTHER

14. Maiden name

Agnes Weems

15. Birthplace

Calvert Co., Md.

16. Informant

Martha Broome

Address

Daniel, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

9-28-47
(month) (day) (year)

Cemetery or crematory

St. John's Cemetery

Location

Ruby, Md.

18. Funeral director

F. E. Seewee

Address

Frederick, Md.

19. 9-28

(Date rec'd by registrar)

19. 47

H. W. Elward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 23 19. 47 at 11:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19. _____ to _____ 19. _____

and that I last saw him _____ alive on _____ 19. _____

Immediate cause of death

DURATION

Heart attack
and fell from boat
Body found on
9/28/47

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

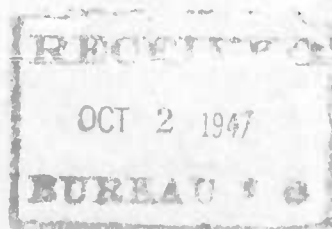
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-23-47Where did injury occur? Silomons, Calvert, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Patience RiverMeans of injury Had heart attack Injured at work? yesand fell from boat

23. SIGNATURE

Deputy medical Examiner M. D. or otherAddress Daniel, Md. Date signed 9/28/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

160

CERTIFICATE OF DEATH

07837

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 47

K. W. Evans

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

9-15-47 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/2 to 9/15 1947

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

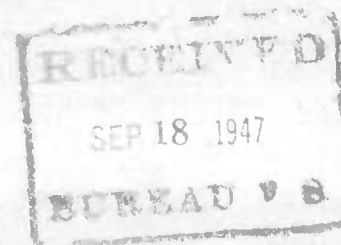
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9/16/47



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BUREAU # 8

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07838

Reg. Dist. No.

5-2

1. PLACE OF DEATH:

County Calvert
 City or town Plum Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Plum Point
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

EVANS, CARRIE GERKE

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) JANUARY 26, 1859
 6. (c) If alive, give age _____ years

8. AGE: Years 88 Months 7 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Md
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name August Gerke
 13. Birthplace Germany

14. Maiden name Wihlemine - unknown
 15. Birthplace Germany

16. Informant Robert J. Chalker
 Address Path Beach Md

17. Burial Date thereof Sept 22 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's
 Location Baltimore Md

18. Funeral director T. F. Costello
 Address 1722 - No. East St. High St

19. Sept 20 47 Virginia Carpenter
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1947 at 1:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 29 47 to 9-19-47
 and that I last saw him alive on Sept 19 1947

Immediate cause of death Cerebral Occlusion
 DURATION

Due to thrombosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page J. Diet M. D. or other

Address Prince Frederick Md. Date signed 9-19-47

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SEP 26 1947

U.S. DEPARTMENT OF THE INTERIOR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days
 Hospital, institution, or street address where death occurred:
Calvert County Hospital

How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cal
 City or town North Beach
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

David Grund

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife ?7. Birth date of deceased (mo., day, yr.) Sept 24, 18648. AGE: Years 82 Months 11 Days 10 If less than one day _____ hrs. _____ min.9. Birthplace Indiana
(Town, county, and state)10. Usual occupation None (Blind)

11. Industry or business _____

12. Name Inducta Grund13. Birthplace Indiana14. Maiden name Mary Wisnager

15. Birthplace _____

16. Informant R. D. GrundAddress North Beach, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof _____ (month) (day) (year)Cemetery or crematory Cedar HillLocation Wash. D.C.18. Funeral director Wm Lee Sons CoAddress Washington D.C.19. 9-4 19 17 N.W. Ward

(Date rec'd by registrar) _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 19 17 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 19 17 to Sept 3 19 17
 and that I last saw him alive on Sept 3 19 17

Immediate cause of death Cerebral Thrombosis

DURATION

Due to Atherosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page 158 M. D. or other _____Address Prince Frederick, Md. Date signed Sept 3, 19 17

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SEP 6 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07841

19

Reg. Dist. No. 52

1. PLACE OF DEATH:

County..... Calvert
 City or town..... Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 10 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Same County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Emma Delia Jenks

3. (b) Social Security Number

4. Sex..... F 5. Color or race..... w 6.(a) Single, married, widowed, or divorced..... widow6.(b) Name of husband or wife..... Alvin Jenks

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... Mar. 27, 19498. AGE: Years..... 98 Months..... Days..... If less than one day..... hrs. min.9. Birthplace..... Valley Falls, R.I.
(Town, county, and state)10. Usual occupation..... housewife

11. Industry or business.....

12. Name..... Christopher L. Bray13. Birthplace..... Mass.14. Maiden name..... Emily Jenks15. Birthplace..... R.I.16. Informant..... Compton D. BrayAddress..... Jessell, Md17. Burial..... Date thereof..... Sept 47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... CemeteryLocation..... Pawtucket & Rhode Island18. Funeral director..... Bellows Funeral HomeAddress..... Pawtucket, R.I.19. Sept 2..... 19. 47..... Carroll D. Nuttall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 9/9..... 47..... 2 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... May..... 19. 47..... to..... 9/9/47..... 19. 47and that I last saw him alive on..... 9/9/47..... 19. 47Immediate cause of death..... arteriosclerosisDue to..... gangrene of left foot

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... H.W. Ward..... M. D. or other.....Address..... Quincy, Md..... Date signed..... 9/9/47

Bellini's Undergarments, Etc.
Providence, R. I.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (a) FULL NAME

Charles H. Lane

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Bessie C. Lane6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

Mar. 16, 1873

8. AGE:

Years

Months

Days

If less than one day

74522

hrs.

min.

9. Birthplace

Calvert Co., Md
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

Henry F. Lane

13. Birthplace

Md

MOTHER

14. Maiden name

Mary Fowler

15. Birthplace

Md

16. Informant

Charles Lane

Address

Prince Frederick, Md

17. (Burial, cremation, or removal. Which?)

Date thereof

Sept 10, 1947
(month) (day) (year)

Cemetery or crematory

Central

Location

Barstow, Md

18. Funeral director

A. A. Warkness & Son

Address

Mutual, Md

19.

Sept 819 47N. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 8,19 47at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1to Sept 819 47

and that I last saw him alive on

Sept 819 47

Immediate cause of death

Coronary Thrombosis

Due to

Arterio-sclerosis

Due to

Prostatic enlargement

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. DeWitt

M. D. or other

Address

St. Leonard

Date signed

Sept 8, 1947

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SEP 10 1947
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

07843# 158

1. PLACE OF DEATH:

County Calvert HospitalCity or town Pounce Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry White

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced X6.(b) Name of husband or wife Isabelle White

7. Birth date of deceased (mo., day, yr.)

5.(c) If alive, give age 29 years8. AGE: Years 29 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Md
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John White13. Birthplace Md14. Maiden name Emma Henson15. Birthplace Md16. Informant Mary ParkerAddress Lusby, Md17. Burial Date thereof 9-10-47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Carroll'sLocation Calvert19. Funeral director P.E. SewellAddress Pounce Frederick, Md19. 9-10 47 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7 1947 at 10:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/5 to 9/7 1947and that I last saw him alive on 9/7 1947Immediate cause of death Pneumonia DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Alfred [unclear] M. D. or other _____Address Hicklingtown Md Date signed 9/8/47

